
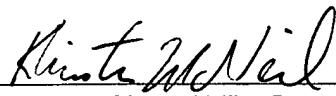


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|---|-------------------------------------|-----------------------------|--|--------------------------|--------------------------|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | Docket No. Allsport-2 | |
| Applicant(s): Jeffery L. Brewer | | | | | |
| Application No. 10/623,271 | Filing Date 07/15/2008 | Examiner Doster Greene | Customer No. 39705 | Group Art Unit 3743 | Confirmation No. 3522 |
| Invention: ORTHOTIC PROTECTIVE DEVICE | | | | | |
| <u>COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 29 - | 29 = | 0 | x \$25.00 | \$0.00 |
| INDEP. CLAIMS | 5 - | 5 = | 0 | x \$100.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-4345 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
|  Loren G. Helmreich, Reg. No. 29,389 Browning Bushman P.C. 5718 Westheimer, Suite 1800 Houston, Texas 77057 Tel: 713-266-5593 | | | Dated: January 21, 2008 | | |
| cc: | | | I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on January 21, 2008 _____ (Date) | | |
| | | |  Signature of Person Mailing Correspondence | | |
| | | | Khristine McNeil | | |
| | | | Typed or Printed Name of Person Mailing Correspondence | | |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|-------------|---------------------------------------|---|-------------------|------|
| Appl. No.: | 10/623,271 | § | Confirmation No.: | 3522 |
| Applicant: | Jeffery L. Brewer | § | | |
| Filed: | 07/15/2003 | § | | |
| TC/A.U.: | 3743 | § | | |
| Examiner: | Doster Greene, Dinnatia Jo | § | | |
| Title: | <i>Orthotic Protective Device</i> | § | | |
| Docket No.: | Allsport-2 (1001.01) | § | | |

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of September 19, 2007, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.